

ID Number									
CM Number									
OFFICE USE ONLY									

PO BOX 332 TRENTON NJ 08625-0332
609 292-5646

OFFICE USE ONLY

Signature of Applicant

1. CORPORATIONS MUST LIST NAMES AND ADDRESSES OF ALL OFFICERS

PRESIDENT _____

VICE-PRESIDENT _____

TREASURER _____

FEE SCHEDULE- EXISTING STORES

WEEKLY AVERAGE QUART EQUIVALENTS

500 or Less Per Week.....\$12.00

501 to 1,500 Per Week.....\$24.00

1501 to 3,000 Per Week....\$36.00

3001 or More Per Week.....\$48.00

2. PLEASE INDICATE TYPE OF STORE:

STORE AT NEW LOCATION FEE\$12.00 FOR FIRST YEAR OF OPERATION

MOBILE UNIT FEE\$12.00 FOR EACH UNIT

VENDING MACHINE FEE\$12.00 FOR EACH VENDING MACHINE LOCATION

EXISTING STORE PURCHASED FROM _____

(NAME OF PREVIOUS OWNER AND TRADE NAME , IF KNOWN)

DATE OF PURCHASE _____ MILK LIC/ID NO OF PREVIOUS OWNER _____

EXISTING STORES -- LICENSE FEE BASED ON WEEKLY AVERAGE OF MILK SOLD DURING THE PREVIOUS TWO MONTHS BY THE PREVIOUS OWNER IN ACCORDANCE WITH THE STORE FEE SCHEDULE ABOVE

WEEKLY AVERAGE QUART EQUIVALENTS _____

LICENSE FEE \$ _____